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ABSTRACT

This practicum paper describes an intervention to help parents increase their sense of empowerment. Expected outcomes of the intervention were that parents would: (1) increase their knowledge of concepts related to empowerment, such as control and nurturance; (2) experience a shift from an external to an internal locus of control; (3) observe an increase in autonomy in their children; and (4) decrease their need to control their children. The intervention consisted of a training session at which information on decision making, control, nurturance, and empowerment was presented. After the session, activity sheets were sent on a weekly basis to parents. These sheets described activities, such as affirming positive feelings and setting goals, that foster the development of a sense of empowerment. The intervention concluded with an interview of the parents. Outcomes were measured by 10-item pre- and post-tests, a checklist of beliefs about external or internal control, an autonomy scale for children, and a survey of attitudes toward children. Results of these measures indicated that none of the four expected outcomes was met. However, parents reported some worthwhile outcomes of the intervention. A 21-item reference list is provided. Appendices include copies of the measures used to assess the results of the intervention and copies of the activity sheets used during the intervention. (BC)

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Increasing Personal Efficacy of Parents, Guardians, and Caregivers of Preschool Children Through Empowerment Activities

by

Mary M. Stowers

Cluster 40

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A Practicum I report presented to the Ed.D Program in Child and Youth Studies in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by Mary Stowers under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

9-28-92
Date of Final Approval of Report

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ABSTRACT

Increasing Personal Efficacy of Parents, Guardians, and Caregivers of Preschool Children Through Empowerment Activities. Stowers, Mary M., 1992: Practicum Report, Nova University, Ed.D Program in Child and Youth Studies. Parent Training/Caregiver Training/Empowerment/ Locus of Control/Family Empowerment/Family Efficacy/Preschool/Daycare

This practicum was designed to provide training and activities which increase the sense of empowerment. Information and activities were shared with parents and guardians through seminar and suggested activities mailed to participants on a weekly basis. Training was available to families of both exceptional education and public daycare students and was offered at no cost to the participants.

The writer coordinated and co-presented at the initial training seminar in which basic empowerment concepts were presented; created the activity sheets explaining specific empowerment concepts and related empowerment activities; and coordinated mailings, personal contact to families, and data collection.

Analysis of the data collected did not show a measurable change in attitudes toward control. Participants' opinions, however, indicated that the project's activities had a positive impact on their families.

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CHAPTER I

INTRODUCTION

Description of Community

The work setting of the writer is public school programs for exceptional student education children and children in both publicly and privately funded daycare settings located throughout the county. This county provides residence for 405,382 persons, 92 thousand of which are under the age of eighteen. The county has experienced a population increase of 83* thousand in the past ten years. This translates into a positive growth rate of 26%.

The population increase has had a significant impact on the social service system. Ten percent of the families' incomes are below the poverty level. Approximately 8,000 families receive AFDC monthly and over 5,000 households receive food stamps.

Significant economic changes have recently occurred in this county. The per capita income is $13,427.00. Many manufacturing jobs have been eliminated from this county in the last three to five years. This resulted in many skilled workers having to take jobs in the service industry.

Writer's Role

The writer of this project is a mental health play therapist employed by the public school system. The responsibilities of this position are to provide individual play therapy to preschool aged children and behavioral consultation to both the children's caregivers and their teachers. In this role of mental health therapist, many of the difficulties resulting from population changes and economic pressures have been witnessed. The writer

contacts many families for supportive therapy and parent education. Additionally, children are provided with play and nurture activities on an individual basis. Teachers receive consultative support. On occasion, the writer offers training sessions for teachers and parents. Sessions on a variety of topics, including play and nurture, relaxation, assertive communication, and decision making have been presented.

For this project, the writer addressed a problem which had significant impact on these families. This problem was addressed through family education. Initially, the writer offered a workshop introducing strategies for parents and guardians to address the problem. Information at the workshop was presented by both the writer and other professionals in the field. Following the workshop, activities for parents and guardians, designed by the writer, were sent.

As a therapist, a primary responsibility is to provide information and activities which help all family members experience an improved quality of life. Hence, the activities of this project directly related to the writer's work responsibilities.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

The writer, in the work setting described in Chapter I, has repeatedly witnessed interactions between children and significant adults in which adults attempt to dominate children. The first difficulty seemed to be that dominated children experience an inability to develop a sense of personal power and self direction. This inhibition in developing autonomy may lead to perceived powerlessness, externalizing behaviors and eventually, an external locus of control (LOC).

For the purpose of this project, autonomy was defined as the ability of a person to confidently express self as an individual in thought, word, and action. Powerlessness was defined as a belief that one lacks personal control over one's life. For the purpose of this project, the construct of powerlessness was synonymous with the concept of external locus of control. Locus of control was defined as a person's perception of how life is ordered. A person who believes that reinforcement is a result of fate, luck, or a powerful other is said to have an external locus of control (Nowicki & Strickland, 1973). One who believes reinforcement is contingent upon one's own behavior is described as internally controlled (Nowicki & Strickland, 1973). This internal control can be thought of as personal efficacy or empowerment.

The second observed difficulty was that teachers may respond to children's externalizing behaviors with frustration and resort to inappropriate behavioral interventions. A third difficulty was that adults may perceive a lack of control over these children because of the child's

externalizing behaviors. The caregivers then seemed to increase their attempts to control the child. This third difficulty, in addition to exasperating the problem, might continually decrease the adult's sense of self-efficacy.

Ideally, what should have happened was that caregivers would parent in ways which allowed children autonomy and self direction. That is, they would provide opportunities for children to develop their sense of personal power. What seemed to happen instead was that caregivers responded to children in ways which disallowed or diminished the child's desire to be autonomous.

Many persons were affected by these difficulties. Primarily affected, of course, were the children. The inability to express autonomy as children may translate into aggressive, passive, or passive-aggressive behaviors (Erickson, 1963). The child's learning experience was also affected. Observed were children who faced choices and opportunities for self exploration with anxiety. This anxiety resulted in indecision or the choosing of less risky alternatives. These types of responses limit the active learning experience. As children grow, they may become adults who express limited autonomy as the inability to "do with limits" (Bradshaw 1990). The result is an adult who either dominates others or is victimized.

Adults were also affected by the problem. Children who are rigidly limited often react in ways which express their out of control feeling (Cherry, 1983). This usually means very passive or aggressive responses. The caregivers may interpret these behaviors as the child needing more protection or punishment, both of which can mean too much control. In doing this, the root feeling, which the child is outwardly manifesting by these behaviors, is intensified. Hence, the disciplinary plan repeatedly fails.

The caregivers may then feel frustration, self doubt, and a diminishing sense of self esteem. The adults may experience the same out of control feeling and powerlessness the children are expressing. Without intervention, the family situation often becomes more and more dysfunctional.

Teachers were affected by experiencing frustration reactions due to the children's behaviors. The teacher may internalize frustration and experience a decrease in professional confidence. The teacher may instead externalize and react with anger, over control or dominance of the children. Eventually, unless self remediation or outside intervention is sought, the teacher may leave the teaching situation, or remain feeling resentment and dissatisfaction.

The problem also impacted on the writer. As a consultant with both teachers and caregivers, strategies for intervening with behavioral challenges were given. These strategies emphasized giving choice and allowing for the exploration and expression of feelings. These strategies need to be applied in an atmosphere of reason and trust. However, if dominance is the underlying theme of the relationship, these strategies cannot work. The writer also provided individual play therapy with specific children. As trust and bonding developed in these relationships, the children expressed their anger and frustration regarding dominance. They demonstrated their longing to be viewed as capable individuals, wishing for an open relationship with their caregivers. These interactions with both the caregivers and the children affected the writer. The personal self experienced a sense of empathetic sadness for both the children and their families. The professional self experienced a sense of challenge and curiosity about how the parental dominance issue could effectively be

addressed. The professional challenge was to discover solutions which would assist individuals, regardless of age, to become self directed and empowered.

In the past, attempts were made to solve the problem of significant adult's negative responses to children's attempts to become autonomous. Parenting books, newsletters, and articles emphasizing positive communication, effective discipline, and improving familial relationships were frequently disseminated to caregivers. Classes and seminars on these topics were offered by the staff and in the community. These solutions did not work because they offered techniques designed to remediate the outward behaviors rather than addressing the root cause of the problem. Emphasis had to be placed on the adult's own sense of efficacy rather than the effects produced by the caregivers' attitudes. In brief, the problem was that children's potential to be self empowered is diminished by adult's negative responses to attempts at autonomy.

Problem Documentation

The problem of caregivers demonstrating parenting styles which could diminish the power of children was evidenced by personal observations recorded in observational vignettes. Additionally, interviews with professionals from both the Exceptional Student Education (ESE) Intervention staff and the public daycare staff helped to confirm these observations. Questionnaires (see Appendix A) completed by the teaching staffs also demonstrated the existence of the problem. Observations of caregivers' interactions with their children showed authoritarian discipline and communication styles. Authoritarian parenting style can result in a decrease in the child's feeling of self efficacy. This assertion is based on the personal belief that parenting styles which seek to punish set up a

power struggle in which one party must "win" while the other "loses." Since the caregiver cast the child into the role of the loser, this role leads to feelings of powerlessness in the child. After many incidents of being subjugated by the seemingly stronger adult, a fair assumption is that the child sees the self as being controlled by outside forces and eventually an external locus of control develops.

Discussions with parents, however, yielded more than information about ineffective parenting styles. In the course of the counseling relationships, the caregivers' own need to feel empowered emerged.

Interviews with other professionals indicated agreement that children are born with the capacity to be self empowered. They further agreed that this potential is probably diminished by negative responses to attempts to become autonomous. Interviews with the personnel of public daycare centers, which were based on opinions developed after many observations of children, indicated agreement and provided some additional insight into the problem. One professional believed that the empowerment issue was deeply rooted in the schema of individual development. This professional stated a belief that as the parents' powerlessness increased, so did their need to control their children. Another professional, commenting on the parents need to control, attributed this behavior to a parental fear of losing their identity as providers and role models.

Interviews with the ESE Early Intervention staff showed agreement with the statement that caregivers demonstrated parenting styles which tend to limit children's autonomy. Despite differing ways of expressing the problem, a fair synopsis of these opinions is that children are born with the potential to be empowered and this potential is diminished by adults' negative responses.

Teachers in the ESE and public daycare programs completed a brief questionnaire about parenting styles which limit children and the effect of these styles (Appendix A). The writer's intent for using the questionnaire was to document the teachers' observation of how parents react to their children. Additionally, this questionnaire attempted to obtain the teacher's observations regarding the behavior and attitude of children allowed some measure of autonomy versus their counterparts. Also requested were the teachers' insights on what problems arose when children and adults believe that their life is outwardly controlled. The questionnaire was developed with support from the literature. Swick and Hassell (1988), discuss parental efficacy in terms of the relationship between powerless parents raising powerless children and these parents' tendencies to dominate their children. These findings were used to develop questions 1, 8 and 10.

Young (1976) discusses the relationship between powerless parents and child abuse. Stringer and Thompson (1987) reach the conclusion that people who feel control over their own destinies will want to grant that same freedom to their children. Strickland's (1989) research on internal-external control expectancies demonstrated that externally directed adults will tend to stop their children's attempts to be independent. This article, as well as those noted earlier in the paragraph, were used as a basis for questions 2, 4, 6, and 9. Both Marshall's (1989) and Kelman's (1990) works on helping children develop healthy self concepts by allowing independence and freedom of choice were used to formulate questions 3 and 8. Schaefer, Edgerton, and Hunter (1983) report a strong correlation between internal locus of control of the mother and allowing self directing values for the children. Externally controlled mothers usually use authoritarian childrearing styles and stress conformity. This information helped in

development of questions 4, 6, and 9. Finally, Nowicki and Strickland's (1973) Locus of Control Scale for Children was used to develop question 7. Questions 1, 2, 7, and 10 were designed with the intent of demonstrating the existence of the problem.

Thirty questionnaires were distributed and twenty were returned. Teachers were asked to remain anonymous in their responses and base answers on personal observation. This helped to prove the existence of the problem in this specific work setting. Nineteen of the twenty teachers agreed that caregivers who feel powerless tend to dominate their children. Twenty out of twenty agreed that externally controlled parents will attempt to halt their children's independence. All teachers agreed that caregivers who feel powerless generally raise powerless children.

Causative Analysis

The problem examined by this proposal was that adults diminish children's propensity towards empowerment by negative responses to their attempts to become autonomous. There were several possible causes for adults to respond in this manner. The first proposed cause is that caregivers who possess a low sense of personal power react negatively to displays of autonomy in their children. Conversely, children who display submission and compliance are rewarded. Viewing oneself as externally controlled appears to greatly influence parenting style. This style is marked by more dominance and control of children than the internally controlled caregivers' style (Schaefer, Edgerton, & Hunter 1983). Externally focused caregivers tend to view their children's attempts to become autonomous as hostile.

Externally directed caregivers tend to be weak role models for their children in terms of self esteem, control, and decisiveness (Andrew &

Gregoire, 1982). These children observe social responses which are either hostile or passive and are greatly influenced by talk about fate, luck, and life generally "doing it" to them. The caregiver's modeling, then, can result in passive-aggressive, manipulative, or aggressive responses in the child. These challenges can perpetuate the feelings of powerlessness in both the parent and the child.

The sense of limited personal power, however, is only one possible cause for the caregivers parenting in ways which limit the child's attempts to become autonomous. A second possible cause is the models these caregivers have encountered. These caregivers were probably raised by parents or guardians who were authoritarian in style. Their early attempts at autonomy were negatively reinforced resulting in shame or guilt (Erikson, 1964). This past experience may have resulted in undue importance being placed on the notion of respecting authority, which in its worse form, translated into blind obedience and submission. This authority concept serves as a focal point of the parent-child relationship.

Society also reinforces the notion that parenting in ways which diminish a child's autonomy is good. In social situations, parents who ignore temper tantrums, for example, receive negative feedback while the parent who demands compliance receives positive feedback. Even some parenting books seem designed to appeal to the caregivers' desire to exert control. Although these books emphasize the need for the caregivers to develop self discipline and control, they are marketed in ways which appeal to the need for power.

Persons of authority in social institutions, such as churches and schools, also emphasize the need for parental control over the child. Parents who witness authoritative practices in schools, believing

educators to be child experts, readily model this style of interaction. Preschool classrooms, by using developmentally inappropriate practices, also hinder development of children's autonomy. Preschool classrooms where academics instead of child-centered learning activities are stressed diminish a child's sense of personal control. Since many caregivers have faith that the educational system knows best, they may reinforce inappropriate practices in the home.

A third possible cause for caregivers to parent in ways which diminish a child's propensity towards autonomy is the emotional neediness of the parent. The caregiver may seek to shelter the child from physical and emotional harm due to a personal anxiety reaction to life. Although providing protection is an important parenting task, a caregiver can protect too much, resulting in over-protection. A child might be forbidden to attempt new physical tasks because of the caregiver's anxiety. As the child grows, attempts at cognitive risks, such as making decisions, might also be discouraged because of the caregiver's need to protect the child from a mistake. This over protection is often seen in parents of children with special needs (Derman-Sparks, 1989). The result is that the special need becomes a handicap because the child has not had opportunities to develop the existing potential.

Caregivers might parent in ways which limit autonomy because of their own stress and frustration in the parenting role. They may find tasks easier if they complete them rather than allowing the child the freedom to do the task. Time management issues increase the caregiver's perceived need to do tasks for the child. Caregivers may also experience frustration because of the messiness involved with the child's attempts to become physically and cognitively independent. Cognitive "messiness" may occur as

a child tries to make a decision. The child might repeatedly change decisions or make an inappropriate choice. Since the caregiver cannot see how to limit the parameters of the decision and still allow the child the power to decide, the adult might make the decision for the child.

A caregiver could have personal "agendas" which result in behaviors designed to keep the child infantile. These agendas include relationship difficulties or worries about the purpose of life beyond mothering a young child . Some parents may fear the maturation process, believing they can stay young by keeping their child young.

Issues of external locus of control, inappropriate role models, or emotional make-up are all possible causes for the problem. Further investigation was conducted to pinpoint the specific causes in the work setting. This investigation included observations of the caregivers' interactions with their children. Social intake interviews were conducted with these parents and patterns identified. Interviews and surveys with professionals were also used to pinpoint the cause of the problem.

Observation of caregivers with their children evidenced the problems which can occur from the use of authoritarian parenting styles. Interviews and discussions with these caregivers revealed information which led the writer to believe that the primary cause for the problem was the caregiver's locus of control. These interviews yielded statements about feeling powerless, being controlled by others, and having little control over their future. They exhibited difficulty making decisions and commitments to change. Often ready to accept whatever happens, their self esteem seemed low. Much disbelief existed that personal effort could bring about positive change. These attitudes usually indicate that the person believes in an external locus of control and this assertion is validated in the literature

(Rotter, 1966; Strickland, 1989).

Interviews with other professionals from both the ESE Early Intervention program and public daycare programs cited the adult's disempowerment as a primary cause of the problem. Three out of five professionals describe the caregivers as needing to control children because of the fear of diminishing their own control or power. One professional states that as the adult's sense of powerlessness increased, so does the need to limit the child's autonomy. Reviewed literature also provided evidence for the assertion that the adult's own belief of being externally controlled is the primary cause for the problem. The following section provides a more in-depth look at these findings reported in the literature.

Relationship of the Problem to the Literature

Review of the current literature provides evidence of the problems created when caregivers treat children in ways which limit autonomy. The early research by Erikson (1963) demonstrates the effects of inappropriate limits on children's autonomy. More recent writings concur with Erikson's findings.

Cherry (1983) states that when caretakers discipline in punitive ways, the result is humiliation, powerlessness, and exhibition of negative behaviors. Gunsberg (1989) and Kauffman (1989) report similar conclusions. Kauffman further reports that the over controlling parent will cause the child's social growth to be inhibited. May (1972) writes that families must have a sense of power or the result is that the children feel "rootless." Reviewed literature indicates a strong relationship between an external locus of control of caregivers and a parenting style which results in the disempowerment of children. A study by Eder (1989) showed that by 3 1/2 years, children have a basic understanding of feelings. Children, then,

have an emotional realization of the parental response to stimuli. If the caregiver models a persona of disempowerment, the child models this feeling. This modeling acts as one cause of the parental disempowerment of children.

A second and more widely evidenced cause is that parents who feel little or not control over their own lives will parent in ways which disempower children. Evidence for this conclusion is provided in the literature. Stringer and Thompson (1984) studied how the parental locus of control, along with the variables of knowledge of child development and childrearing attitudes, effected the parent-child relationship. These authors state that persons who have perceptions of external control tend to parent in more authoritarian ways than their counterparts. Swick and Hassell (1988) state that the caregiver's locus of control will influence discipline style with externally directed persons attempting to be more restrictive of their charges.

One causal factor seems to be that caregivers feel a need to express control and the only power they believe they can exert is that wielded over the smaller and weaker. This perception may lead to a parenting style which tends to take power away from the children. Young (1976) found that adults who expressed a sense of powerlessness tended to be more authoritarian and abusive with their children, a conclusion which supports the writer's premise.

A second factor appeared to be that some caregivers fear expressing power. They tend to disempower their children because of a fear of rejection or social discipline against the children. Winegar, Valsiner, and Renninger (1987) found this to be one possible cause for the caregivers's negative responses to independent thinking. These caregivers believed that they were parenting in a way which protected and sheltered the child.

Additionally, they thought that the child benefited from interacting in ways which bent the child's choices and opinions to that of the general will.

Reviewed literature clearly demonstrated that when caregivers are limited in their sense of personal efficacy, the result is disempowered children. This disempowerment may have resulted from modeling or direct parental action. Whichever method was the cause, the result is the same: Externally directed parents raise externally directed children. External motivation results in both emotional and behavioral difficulties for adults and children. These difficulties seem to be the direct result of a limited ability to feel powerful. The goal of this project, then, was to provide caregivers with information designed to increase personal efficacy at the adult and child level. This goal is discussed in detail in the following chapter.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The following were the projected goals for this practicum. The first goal was to effectively influence caregivers' perception so that they experience a shift from an external to internal locus of control. With this shift comes an increased awareness of the merits of self control and personal. Hence, the caregiver develops an intrinsic motivation to continue acting in ways which increase the feelings of self direction and empowerment. Additionally, this awareness enhances the caregivers' realizations that children also benefit from an increased sense of self direction. Caregivers then allow children additional expressions of autonomy. The writer's second goal was to help children encountered in the work setting experience an increased sense of empowerment.

Expected Outcomes

The following were project outcomes of this practicum.

1. Caregivers will increase their knowledge of concepts related to empowerment. Those concepts are to include identifying positive vs. negative influences, control, choices and decisions, identifying and asserting feelings, nurture, and empowerment.

A ten item multiple choice test, designed to elicit the best definition of the concept, was administered in a pre-test/post-test format (see Appendix B).

This pre-test/post-test was developed by the writer to measure increased awareness of empowerment. Questions were designed to elicit responses in nine specific areas of empowerment, namely, affirming the positive, avoiding the non-positive, things we do and do not control,

choices and decision, goal setting, knowing and asserting feelings, nurture, and empowerment. Although empowerment may include other concepts, these topics were selected because they were discussed in both the training seminar and the activity sheets. The inclusion of these concepts in empowerment training was supported by the literature.

May (1972) describes empowerment as the power of self affirmation. Marshall (1989) defines this self affirmation as gaining confidence in one's competence. These concepts supported the inclusion of the affirming the positive and eliminating the non-positive activities. May (1972) also describes empowerment as the love of self and Erikson (1963) sees autonomy as emanating from a belief in self goodness. This concept of self love was used in the development of the nurture activities. Bradshaw (1990) and Kelman (1990) define control and decision making as important empowering concepts. These concepts were explored in the activities on goal setting, choices and decisions, and the things we do and do not control. Finally, Andre and Gregoire (1982) found that effective communication, including the acknowledgment and expression of feelings, is an important element in developing self empowerment and these activities were also included.

2. Caregivers will experience a positive shift from external to internal locus of control. This shift will be measured by the E-I Checklist (see Appendix C).

This measure was administered in the pre-test/post-test format. A positive shift was defined as a change of 3 points toward the direction of internal control. Due to the need to compare specific scores, participants were required to put their names on these measures at the time of the pre-test/post-test. However, the anticipated 20 measures used for comparison were to be selected at random from the sample pool. Selection would be made

by an individual who was not associated with this project nor any of the programs.

The E-I Checklist (see Appendix C) was developed by the writer with support from the literature. Rotter (1966) found that internally directed persons are more likely to believe their own efforts and attitudes affect outcomes. Additionally, these people believe that if they work hard, they can make change happen. Conversely, externally directed persons believe they are fairly powerless over situational outcomes. They seem to view events as simply happening to them and believe in a strong influence of powerful others. More recently, Strickland (1989) found that independent thinking and resistance to the influence of others were variables found more frequently in internally directed persons. Other research by Nowicki and Strickland (1973) linked internal control with the concepts of power to solve problems, personal effectiveness, and the perception of how one's actions affect outcomes. These variables cited in the literature as indicators of either internal or external locus of control were modified and used to develop the instrument used for this project.

3. A positive shift in the autonomy expressed by the children will be observed by the parents. An autonomy scale for children, developed by the writer, will be used (see Appendix D).

The children were to be rated on a checklist designed to measure observable behavioral indicators of the construct of autonomy. This checklist was to be completed by the parents at the beginning and end of the program. The children were said to have experienced a positive shift if an increase of 2 points occurred. This autonomy scale was developed after research was conducted in the area of autonomy. Bailey (1989) states that children express autonomy through initiative and by being responsible for themselves. Marshall (1989) found that children who feel autonomous show

"greater self worth and mastery motivation" (p. 45). The Interpersonal Style Inventory (1986) and the Personality Research Form, which are designed for persons over 14, were also researched. These inventories use a person's ability to act independently and be directive with self and others as keys to healthy autonomy. Several measures of locus of control were also researched. The Schutz Measures (Clinical and Research Scales, 1983), which are used with persons of junior high age or older, measures elements of self concept including significance, control, and competence. The Nowicki-Strickand Locus of Control for Children (1973) identifies locus of control by questions regarding perceived power to solve problems, person effectiveness, and how personal action effects another's reaction. All of these measures define autonomy as a sense of personal control, the ability to make decisions and act independently, and to be free to assert oneself in one's environment. These characteristics were chosen and modified for the instrument used for this project.

4. Caregivers will experience a decrease in their need to control children. This will be measured by the Survey of Attitudes Toward Children (Hyman, 1986 - see Appendix F).

Again, the pre-test/post-test format was used. A significant decrease was defined as a 5 point decrease between the average pre-test and post-test scores. This measure was selected for two reasons. First, it clearly examines elements of the dichotomy of parental authority versus children's autonomy. Secondly, it closely examines the child's fundamental right of control of the physical self versus corporal punishment. This concept is a basic issue in the study of control and a decrease in this attitude would indicate an attitude shift allowing for the expression of greater autonomy.

CHAPTER IV

SOLUTION STRATEGIES

Discussion and Evaluation of Solutions

The problem examined by this proposal was that caregivers, due to their own feelings of powerlessness, parent in ways which limit their children's autonomy. Possible solutions to this problem were implemented by other social scientists and educators. One such solution, proposed by Andrew and Gregiore (1982) addressed the problem through family counseling. These counseling sessions focused on behavior modification, discipline, problem solving, and communication. Parental responsibility for their own behavior and ways parents can build self-confidence in children were also taught. Counseling was offered during 1 hour sessions with the entire family present. The result of the study was that family based counseling can move the children's locus of control from an external to a more internally directed focus.

The parental empowerment program "Family Matter," reported by Cochran and Henderson (1986), addresses the issue of empowerment on a group level. This project offered individual home based support from a social worker who visited the home. The role of this social worker was to assist the parents in seeing themselves as experts. Additionally, the parent trainer was to model valuing of the child and to encourage parent-child activities. Heightening the caregiver's sense of confidence was the worker's ultimate goal so that the parent would be confident enough to attend support group cluster meetings. The intent of these meetings was for the group members to empower each other by encouraging self efficacy and community pride. The impact of this solution was limited. The authors of this study concluded

that the solution did result in a positive change in unmarried mothers' locus of control. Additionally, the researchers concluded that the treatment did prevent the parent-child relationship from becoming abusive.

Swick and Hassell (1988), in their work on empowerment, advocate three programmatic strategies to enhance the family's sense of efficacy. The first proposed strategy is to provide parental training which focuses on building internal locus of control skills in parents. The second recommendation is curriculum planning which focuses on building the child's sense of efficacy. Thirdly, reinforcement of behaviors which evidence patterns of internality in the family, school, and entire community is suggested. The results of this proposed solution are unknown because they were offered on a theoretical basis rather than actual implementation. This solution was included because it appeared to offer logical strategies which address the complicated issues involved with empowering families.

Possible solutions to the problem were also generated by the writer. One such solution was to design empowerment activities for teachers to use in the classroom. Training seminars in which teachers discussed and practiced these activities would be offered. Strategies for sharing empowerment ideas with caregivers would also be offered.

A second possible solution was to select several severely disempowered families and design individual empowerment plans for each. Implementation of these plans required frequent contact, home visits , school visits, and phone calls. The primary emphasis was to set up a series of small successes for these families. With these successes would come a feeling of increased personal efficacy for each family member. When appropriate, challenges for reaching larger successes would be offered. Support and encouragement would also be offered for members who seemed to be at an impasse.

A third proposed solution was to provide a brief training seminar for parents on the topic of empowerment. This training session was to be followed by 10 weeks of activities for parents. These one page activity sheets would define that week's empowerment concept, offer activities to perform with the child, and suggestions on how the adult could model the concept. The primary purpose of this training was for parents to experience an increased sense of efficacy by practicing these activities. However, the methodology was to package these ideas for the child because this would serve as a motivator for parental participation.

Training the teachers to use activities in the classroom and with families was a proposed solution. This idea would work in my work setting because most teachers are open to activities which promote positive mental health for their children and seek new ideas to use with families. This solution could have been implemented by the teachers. However, this solution would probably not work with this population because the teachers could not provide weekly implementation with the caregivers. This would mean a lessened impact because the attitudinal shift of the caregiver was important key to impacting on the problem.

The second proposed solution, that of establishing and implementing empowerment plans on an individual basis, would have had a positive, yet limited, impact on the problem. The limited resources of time, money, and manpower made this solution unrealistic at the time.

The third proposed solution seemed most likely to work within the work setting. One training session could assemble caregivers throughout the county. Additionally, weekly activity sheets meant that manpower hours did not have to be spent on individual contact but still allowed for weekly contact of each family. Telephone calls added personal support without

stressing the available resources beyond reasonable expectations. The needed resources of time, money and personnel were available for this proposed solution.

Selected Solution

The above outlined solution was the one selected to address the problem. This solution was selected for the above mentioned reasons and because it directly related to the goals of the proposal. The first goal was that caregiver's life perceptions would be influenced so that they experience a shift from external to internal locus of control. This shift would increase caregivers' realizations that children also benefit from an increased sense of self direction. This program offered specific activities designed to increase one's sense of personal efficacy. Since activities for the children were also included, this component directly related to the second goal.

Report of Action Taken

Prior to presenting the seminar on empowerment, several activities had to take place. The first step was to create materials which provided activities that heightened the sense of personal power. As discussed earlier, these activities were designed with consideration of factors other professionals believed comprised the concept of empowerment.

After designing these activities, technical details of the seminar had to be arranged. These details included securing a centrally located facility with adequate space and parking, arranging for speakers on various topics, and inviting parents and other caregivers to the presentation. Additionally, materials for dissemination needed to be printed. Child care for participants's children had to be arranged and a method to keep contact with the participants developed.

Once the technical details were handled, an introductory training seminar on empowerment was presented. Five speakers, including the writer, shared information on choices and decision, things we do and do not control, nurture and feelings, and empowerment. At this training session, the Pre-Test/Post-Test of Concept Knowledge (see Appendix B) was administered as was the Survey of Attitudes Toward Children (see Appendix E). A list of participants, including mailing address and phone number, was obtained. Participants were informed about the future activity sheets they would receive and how to best implement these activities.

During the week following the seminar, the first activity sheet, Affirming the Positive (see Appendix G) was sent. Prior to disseminating the activity sheets, however, the participants were entered into a data base so that mailings could be handled in an efficient, organized manner. The activity sheet, Catching the Non-Positive (see Appendix H) was sent during the second week as was the E-I Checklist (see Appendix C) and the Autonomy Checklist for Children (see Appendix D). Stamped, addressed envelopes were included with these checklists to facilitate return. Activity sheets on Things You Control (see Appendix I) and Things You Don't Control (see Appendix J) were sent during the third and fourth weeks respectively. Also during these weeks, a supportive phone call was made to participants. In the weeks that followed, activity sheets on Choices and Decisions (see Appendix K), Setting a Goal (see Appendix L), Knowing Your Feelings, (see Appendix M), Asserting Your Feelings (see Appendix N), Nurturing Yourself and Others (see Appendix O), and Empowerment (see Appendix P) were sent. During this time, supportive phone calls were again made and three home visits, related to the activities, took place.

During the week following dissemination of the final activity sheet,

the surveys were again sent with a stamped, addressed envelope. In the two weeks following this mailing, calls were made to participants to solicit input about returning these surveys. Based on this input, a confidential interview was conducted with participants to determine their opinion of the activities and their impact.

Several difficulties occurred during the implementation phase of this project resulting in deviations from the original plan. The first encountered roadblock was that only 14 participated in the training seminar which was much less that the projected number. In order to include more persons in this project, activities were shared with 20 additional persons who participated in a parenting project for disadvantaged families.

A second deviation was that the E-I Checklist (see Appendix C) and the Autonomy Checklist for Children (see Appendix D) were mailed rather than completed at the training seminar. The reason for this was a time factor. Since the seminar was limited to three hours, the time required to complete the checklists would have necessitated the elimination of a content area. The choice was made to mail the checklists instead. This unfortunately resulted in a poor return of checklists.

A third deviation was that due to a personal crisis, a break of 12 days occurred between sending activity sheets 4 and 5. Based on feedback received, this did not seem to have a significant impact but perhaps did cause a break in the flow of the activity practice for some participants.

One participant experienced much difficulty reading and comprehending the materials. This was first addressed by home visits, and later by contact with her parent trainer who helped explain the material. Other roadblocks included one family moving from the area and another becoming seriously injured.

The biggest obstacle encountered was getting completed surveys returned from participants. The feedback received about the poor response was the time needed to complete the surveys. After actively soliciting to receive these surveys, some were completed and returned. Even after personal contact, however, surveys were not returned from the parents involved in the parenting project. In order to solicit additional feedback about these activities, a brief opinion interview was conducted with the original participants and the director of the parenting project.

CHAPTER V

RESULTS, DISCUSSION, AND RECOMMENDATIONS

Results

The problem addressed through this practicum project was that caregivers, due to their own feelings of powerlessness, parent in ways which limit their children's autonomy. The solution strategy utilized was to provide caregivers with training through a seminar and printed materials designed to increase their sense of empowerment.

Specific outcomes were projected for this practicum. The first projected outcome was that caregivers would increase their knowledge of concepts related to empowerment. These concepts were to include identifying positive vs. negative influences, control, choices and decisions, identifying and asserting feelings, nurture, and empowerment. This objective was measured by a 10-item multiple choice test administered in a pre-test/post-test format. Scores which showed a positive increase of +2 or more were considered to show a significant change. Also, if the mean difference was +2.0 or greater, this would indicate an over-all significant difference. Three participants, or 20% of the total number of participants, showed a significant increase in their scores.

Table 1

Pre-test and Post-test Scores on the 10-Item Multiple Choice Concept Test

Participant #	Scores Pre-Test	Post-Test	Difference
1	6	8	+2
2	7	9	+2
3	8	10	+2
4	9	9	0
5	9	10	+1
6	9	10	+1
7	10	10	0
8	10	10	0
9	10	10	0
10	10	10	0
11	10	10	0
12	10	10	0
13	10	10	0
14	10	10	0
Mean	9.1	9.7	+.6

This objective was not met in terms of showing the significant +2.0 difference in the mean. One reason for this may be that since 8 of the 14 participants scored the maximum number of points on the pre-test, obtaining a +2.0 difference in the mean was not possible. All participants who did not score the maximum number of points on the pre-test did show an increase

on the post-test. The pre-test mean of this group was 8 points and the post-test mean 9.3 points. This showed a mean difference of 1.3 points which again did not reflect a significant change.

The second projected outcome was that caregivers would experience a positive shift from an external to an internal locus of control as measured by the E-I Checklist (see Appendix C).

Table 2

Participants Pre-test and Post-test Scores on the E-I Checklists

	Scores		
Participant #	Pre-Test	Post-Test	Difference
1	7	4	-
2	3	2	-
3	1	1	-
4	1	-	-
Mean	3	2.3	-0.7

Differences between individual scores were not calculated because respondents did not identify themselves on the measures. In the original plan, a difference of -3 was set as significant. Since the mean difference of -.7 was less that originally anticipated, the outcome was not met.

The third projected outcome was that a positive shift in the autonomy expressed by children would be observed by the parent. This was measured by the Autonomy Scale for Children (see Appendix D).

Table 3

Participants Pre-test and Post-Test Scores on Autonomy Scale for Children

Participant #	Scores Pre-Test	Post-Test	Difference
1	25	27	
2	28	31	
3	32	32	
Mean	28.3	30.0	+1.7

Differences between scores were not calculated because respondents did not identify themselves on the measure. In the proposal, a difference of +2 points was stated to be significant. This outcome, then, was also not met.

The fourth projected outcome was that caregivers would experience a decrease in their need to control children. This attitude shift was measured by the Survey of Attitudes Toward Children (see Appendix F).

Table 4

Participants Pre-test and Post-test Scores on the Survey of Attitudes Toward Children

Participant #	Scores Pre-Test	Post-Test	Difference
1	39	38	
2	54	52	
3	55	52	
4	66	67	
5	70	72	
6	74	82	
7	78	83	
8	80	84	
9	80	88	
10	82	105	
11	83		
12	84		
13	87		
14	93		
Mean	73.2	72.3	-.9

The original proposal stated that a difference of -5 points would be significant, and so this objective was not met. According to the author of the survey, the lower the score, the more permissive the parenting style. The national average range of scores is between 70 and 90 points. The mean average scores for this group were low average on both the pre-test and the post-test.

Discussion

The stated outcomes of this proposal were not met. Each outcome measure, however, did reflect some small degree of positive change towards the goal of increasing the sense of empowerment in caregivers and their children. The objectives were not met for two reason. First, the anticipated changes were too ambitious for the time allotted for the project. Secondly, the measures used could not measure the subtle impact the training did have. Although most caregivers did report some degree of change, these measures were not sensitive enough to capture this change to a significant degree. This subtle change is suspected because 10 parents were interviewed about the project's activities and the perceived effects. All caregivers stated that the activities helped them to make a positive change in their family.

Reviewed research has shown similar responses. For example, the researchers who conducted Family Matters (Cochran et al., 1986), a group based parent empowerment project, found that their work had a very limited measurable effect. The project's authors, however, believed their work did have a positive impact on families. The rationale for this belief was their conclusion that the project probably prevented family conflict rather than enhanced family relationships and the prevention dimension of their work was not measured. Other research, (Andrew & Gregoire, 1982), however, found that by working with families individually in a therapeutic setting, positive changes in the locus of control can occur.

Two unanticipated outcomes did occur from this project. The first was that two parents found the material too difficult and needed individual help understanding the activities. An idea which grew from this difficulty was to video tape a brief lecture and demonstration of these activities. A

second unanticipated outcome is that the activities are now being shared with daycare teachers throughout the county for classroom use.

Although this project did not yield the measurable results hoped for, the writer's opinion is that many worthwhile outcomes occurred for families through the use of these activities. This assertion is based on personal contact with many of these caregivers and their feedback regarding the benefits they experienced. The writer's conclusion is that the outcome measures used and not the project's activities themselves need to be changed so that the practicum could yield successful outcome results. The writer strongly contends that this practicum experience was successful and well worth the time and energy the participants invested.

Implications

The opinion of the writer is that several implications can be drawn from this work. The first implication of this project is that work on empowerment issues must be on-going and viewed as part of a process rather than a course which could be completed. This assertion is based on review of the data which indicated that although most families did experience a slight positive change, too much change was expected for a short period of time and so the shift was not seen as significant. This seems to indicate that although change does occur, people accept and implement change slowly. Training which advocates personal growth, then, probably needs to be given over long periods of time rather than as a training event since incorporating change in our lives is a growth process rather than an "event" which we can measure.

The second implication of this project is that focusing empowerment strategies on the entire family seems to be a wise course to undertake. The data seems to substantiate this assertion in two ways. First, the data

showed positive changes in both the parental attitude of control and in their perceptions of their children's autonomy. Secondly, parents who discussed these activities with the writer believed that entire family benefited from use of the activity sheets. This writer's opinion is that the parents felt this way not only because the proposed activities were helpful but that working on these activities as a family heightened everyone's sense of power and the family experienced a cumulative effect from their work.

The final implication is that many professionals perceive work in the area of empowerment as vitally important. Although this implication is not based on actual data collected through the project, it is based on the input and feedback of professionals with whom activity sheets were shared. Many professionals indicated at the onset of the project that empowerment with families was an important concept to address and this opinion continued to be stated in the professional community throughout the implementation of the project. A safe inference from these reactions, then, seems to be that family empowerment is an issue of great concern and much more work needs to be completed in this area.

Recommendations

1. Activity training be presented on an individual basis.

   This will result in a higher level of family involvement and motivation. Additionally, measuring impact would be on a personal basis and therefore easier to obtain. This recommendation is based on the difficulty obtaining post-test data from the participants. Since a few families experienced difficulty understanding the activity sheets, individual training would also address this problem.

2. Place emphasis on training the trainer.

   The data indicated that progress from this training was minimal. However, interviewed families indicated that the activities themselves were helpful and so a fair conclusion seems to be that

training time was simply too short to yield a measurable impact. Incorporating change into our belief system takes time. Training the trainer, that is persons who regularly provide parent training with the same group of parents over a long period of time, may be an important strategy to include in empowerment training. Families may then benefit from on-going concept exposure and increased reinforcement for the changes they make resulting in a significant heightening of the family's sense of personal efficacy.

Dissemination

Two plans are underway for dissemination of this project. The first is to prepare a paper summarizing the purpose of the training, the activities involved, and a synopsis of the participants' comments. Training opportunities and suggestions for training implementation will be included. This paper will be shared with local public and private daycare agencies.

The second plan is to present the activities in booklet form to be available for teachers at the school district's teacher resource center. These activities have been shared with the school district's parent resource coordinator who has used them with several families. The activity booklet will also be available in the county's parent resource center.

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APPENDIX A

QUESTIONNAIRE FOR TEACHERS

Appendix A

Questionnaire for Teachers

Based on your personal observations of families you work with, indicate if you think the following statements are true or false.

1. Parents who feel powerless about their own lives try to dominate their children.

2. Parents who believe that their lives are controlled by others rather than themselves try to halt their children's attempts to be independent/ autonomous.

3. Parents who have good self esteem and feel control over their own lives tend to stop their children's attempts to make decisions and choices.

4. Parents who experience personal successes tend to give their children more freedom to explore and be successful.

5. Children who are dominated by significant adults tend to behave either very aggressively or very passively.

6. Parents who experience gaining control of their own lives give their children more control of their lives.

7. Parents who believe in fate, luck, and superstitions usually parent in ways which increase their children's sense of independence and competence.

8. Autonomous children, that is, children who feel independent and are allowed to make choices, generally demonstrate low self esteem.

9. Parents who feel an internal locus of control, (that is, self-directed, autonomous) generally raise internally controlled children.

10. Parents who feel powerless generally raise powerless children.

If you agreed with statement 10, please continue. Briefly tell what problems you have observed among parents and children who feel powerless, that is, they believe their lives are controlled by persons or forces outside of self.

APPENDIX B

BASIC CONCEPTS PRE-TEST / POST-TEST

Appendix B

Basic Concepts Pre-test/Post-test

Directions: Circle the letter you think best completes the statement.

1. To assert your feelings means to:
   a. know what your feelings are.
   b. tell your feelings without apologizing.
   c. tell your feelings while acting real angry or sorry.
2. If we try hard enough we can:
   a. control other people.
   b. control children but not adults.
   c. control our own reactions (feelings and behaviors) to things that happen.
3. Feelings happen:
   a. in the physical, mental, and emotional parts of ourselves.
   b. only to people who let themselves have feelings.
   c. because we are weak or bad.
4. Empowerment means:
   a. we feel control over our bodies, minds, and emotions.
   b. we feel power over many people.
   c. we feel powerful because of the many things we own.
5. Affirming the positive means we talk about :
   a. things we like about others but never ourselves.
   b. things we like about ourselves.
   c. things that are good about others and then adding a negative statement.
6. A decision means to:
   a. pick the option you think is right at the time you are choosing.
   b. do something: choosing not to do something is not a decision
   c. make a choice which is right now and will be right in the future.
7. Non-positive thoughts and words hurt us because:
   a. others will say bad things about us.
   b. they make us feel bad about ourselves.
   c. no one will like us.
8. Goals:
   a. have to be very big so that we accomplish a lot.
   b. should be small so we can experience success.
   c. are not necessary for most people.
9. Making choices is:
   a. impossible for young children to do.
   b. hard because you always have to be right.
   c. important to help children feel more confident.
10. To "nurture" means to feed the emotional part of a person. We should:
   a. nurture others but never put ourselves first.
   b. nurture ourselves and others so that all can feel good.
   c. say positive things but never cuddle or rock our older children.

APPENDIX C

E-I CHECKLIST

Appendix C

E-I CHECKLIST

INSTRUCTIONS: Mark each statement with an "A" if you agree or with "D" if you disagree. You may not fully agree or disagree with a statement. Choose the answer that is most like what you think.

_____ My life's successes and failures are determined by my behavior.

_____ One should try to conform to what others think.

_____ I usually make my own decisions.

_____ Societal problems will be changed if people take action.

_____ I can usually accept my mistakes.

_____ I have had bad things happen in my life because of bad luck.

_____ Other people can rarely make me change my mind.

_____ Most people can not be trusted.

_____ Our futures are basically set: There is little we can do to change them.

_____ When faced with a challenge, I fight until I solve it.

_____ I usually control by own life.

_____ To succeed, you have to be in the right place at the right time.

_____ I believe that superstitions, like throwing spilled salt over one's shoulder, are somewhat true.

_____ When I'm wrong, I usually say so.

_____ People will either like you or not.

_____ People would not be lonely if they tried to be friendly.

_____ I can achieve my goals if I work hard.

_____ I am usually willing to try new activities.

_____ Success has little to do with hard work. It depends on who you know.

_____ Some people are just born mean.

Appendix C (con't)

Scoring

1. For items 2,6,8,9,12,13,15,19, & 20, reverse the respondent's answers.

2. Score 1 point for each item marked "A" for agree

3. Score 0 for each item marked "D" for disagree.

Interpretation

Scores closest to 20 indicate a high internal sense of control.
Scores closest to 0 indicate a high external sense of control.
To measure degrees of change in a person's attitude from external to internal locus of control, a shift towards the higher score (20) would have to be noted.

APPENDIX D

AUTONOMY CHECKLIST FOR CHILDREN

Appendix D

Autonomy Checklist for Children

Directions: For each item, circle 1 for "do not see this behavior", 2 for "see this behavior occasionally", and 3 for "see this behavior often."

1.	Makes clear choices between 2 postitive alternatives	1	2	3
2.	Once a child makes a choice, stays with this	1	2	3
3.	Can make own plan regardless of other children's plans	1	2	3
4.	Can accept mistakes	1	2	3
5.	Can elaborate on plans made	1	2	3
6.	Willingness to explore new activities and environment	1	2	3
7.	Generally relaxed and at ease	1	2	3
8.	Use imagination freely to tell stories, make art, build things, etc.	1	2	3
9.	Freely engages in imaginative (dramatic) play	1	2	3
10.	States self determination without tantrums	1	2	3
11.	Identifies feelings in solving conflict	1	2	3
12.	Regains composure after emotional outburst	1	2	3
13.	Asserts feelings	1	2	3

Scoring Interpretation

13 to 20: Much focus needed on developing this child's sense of autonomy.

21 to 20: Autonomy emerging

29 to 39: Good autonomy is developing

APPENDIX E

LETTER OF CONSENT TO USE
SURVEY OF ATTITUDES TOWARD CHILDREN
(PARENT FORM)

Appendix E

Letter of Consent to Use
Survey of Attitudes Toward Children

By signature of this statement, Dr. Irwin Hyman gives permission for Mary M. Stowers to use the Survey of Attitudes Toward Children (Parent Form) (copyright, 1986) as a pre and post test measure for Ms. Stowers' practicum project. Ms. Stowers, by signature of this statement, agrees to share obtained data with Dr. Hyman upon completion of this project.

Irwin Hyman

Mary M. Stowers

APPENDIX F

SURVEY OF ATTITUDES TOWARD CHILDREN
(PARENT FORM)

Appendix F

Survey of Attitudes Toward Children
(Parent Form)

DIRECTIONS

The following statements represent commonly held attitudes. You will probably agree with some and disagreee with others. We are interested in your opinions.

Please read each statement carefully. Then, please indicate your agreement or disagreement by circling the appropiate number according to the following code:

1	2	3	4	5
Strongly Agree	Mildly Agree	Neither Agree Nor Disagree	Mildly Disagree	Strongly Disagree

1.	Physical punishment of children should not be allowed.	1 2 3 4 5
2.	A child should never tell an adult that he/she is wrong.	1 2 3 4 5
3.	Corporal punishment is just and necessary.	1 2 3 4 5
4.	Children are not being allowed enough freedom today.	1 2 3 4 5
5.	Corporal punishment is an effective deterrant to school discipline problems.	1 2 3 4 5
6.	Corporal punishment by parents is never justified.	1 2 3 4 5
7.	Children have no moral obligation to remain loyal to their parents, no matter what the circumstance.	1 2 3 4 5
8.	Parents have the responsibility to punish children by spanking.	1 2 3 4 5
9.	Training to comply with parental authority hinders the development of self reliance in children.	1 2 3 4 5
10.	You can't change human nature.	1 2 3 4 5
11.	Scaring a child, now and then, by the promise of a whipping is likely to have negative emotional consequences.	1 2 3 4 5
12.	Loyalty on the part of children to their parents is something parents should earn.	1 2 3 4 5

Appendix F (cont'd)

13.	Physical punishment is an effective way to control children's behavior.	1 2 3 4 5
14.	Corporal punishment should be used frequently as a method of discipline.	1 2 3 4 5
15.	Children "owe" their parents a great deal.	1 2 3 4 5
16.	Children are the constitutional equivalents of adults, and thus should be given the same rights.	1 2 3 4 5
17.	If you spare the rod you will spoil the child.	1 2 3 4 5
18.	Children have to earn their rights.	1 2 3 4 5
19.	Since paddling and spanking may have negative consequences, we should discontinue the practice.	1 2 3 4 5
20.	If a child acts mean he needs punishment rather than understanding.	1 2 3 4 5
21.	A young child's thoughts and ideas are his own business.	1 2 3 4 5
22.	Corporal punishment is not necessary as a means of discipline.	1 2 3 4 5
23.	Children should have the opportunity to negotiate rules and consequences with their parents.	1 2 3 4 5
24.	Since corporal punishment has not eliminated disciplinary problems, society should abolish it.	1 2 3 4 5
25.	Since teachers act "in loco parentis" (in place of the parents) they should be permitted to physically punish a student.	1 2 3 4 5
26.	Children should be grateful to their parents.	1 2 3 4 5
27.	When parents hit children as punishment they teach them that "might makes right".	1 2 3 4 5

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APPENDIX G

AFFIRMING THE POSITIVE

Appendix G

Affirming the Positive

To AFFIRM means to state something very confidently, to be very sure about what we say. It means speaking about things we like, things which make us feel good, and things which make us happy or proud. To say things in a positive way means we are confident and uplifting about what we think and say.

Affirming the positive, then, means we talk about things we like about ourselves and our children. We tell ourselves and our children the good stuff like "You are pretty, "or "You are so smart." And, we say this good stuff again, and again, and again !

Affirming the positive also means accepting compliments and other good things which people say to and about us. Affirming the positive also means complimenting yourself instead of being mean to yourself.

Affirming the positive also means not talking about the things we don't like. For example, when you say "You are so smart," leave your affirmation at that. Don't take it away with words like "But you don't know your colors." When we do this, the person we are affirming only hears the negative and the good stuff doesn't get in.

Here are some activities on affirming the positive for you and your children to try :

- Think of something nice you'd like to say about yourself, like "I love you." Tape these words to the bathroom mirror. Read them 10 times while you brush your teeth. Try to look at yourself while you say them.
- Teach your children a special saying about themselves like "I'm good," or "I'm smart." Help them say it several times each morning and at bedtime. You say it to them many times each day, too.

Appendix G (cont'd)

- Make a list of 10 things you like about yourself. Put this on your refrigerator.
- Draw a star and put words on it which tell what is special about your child. Share this with the child. Put a star on the child hand to remind them they are "superstars."
- Compliment yourself at least 10 times each day.

APPENDIX H

CATCHING THE NON-POSITIVE

Appendix H

Catching the Non-Positive

Last week, we looked at affirming the positives in our lives. Sometimes, though, even when we want to be very positive, we find ourselves thinking or saying non-positive things. Sometimes we even find ourselves acting in negative ways.

When we say "non-positive," this means thoughts and words which put down ourselves and others. Examples of this might be "You're fat," or "You're stupid," or "You'll never get ahead." These kind of sayings make us feel bad about ourselves. Also others may feel negative toward us when we talk or act this way.

The idea of this week's activity is to "hear" ourselves say things about ourselves and others (especially our children) which may be "put downs." We may hear ourselves say these things aloud or we may just think them. We also want to listen to what our children say. Listen to them for "put down" statements about themselves and others.

This week we are going to work on changing our nonpositives into positives. Here are some activities to help :

- Listen to what you tell yourself in your mind. When you hear a non-positive, say "Stop" and change this to a positive. For example, if you catch yourself thinking "You'll never get ahead," say "Stop. I can be successful."
- Stop yourself from saying non-positives about other people. If you do this a lot, try to stop for just an hour a day.
- Listen to your children. Do they say non-positive things about themselves? When you hear this, gently say "Stop" and a positive. For example, when a child says "I can't do that,"

Appendix H (cont'd)

gently say "Stop. You can do many things. I will help you."

- If someone says many non-positives to you and your children, ask them to stop. Try saying " When you talk about nonpositive things, I feel bad. Please try to say more positives so that we'll enjoy our time together more."

REMEMBER TO KEEP AFFIRMING THE POSITIVES YOU STARTED LAST TIME !

APPENDIX I

THINGS WE CONTROL

Appendix I

Things We Control

This week we look at the things in our lives we control. This idea is very important because the more things we know we control, the more in charge we feel. The more in charge we feel, the better we feel about our lives and ourselves.

There are many things in our lives we control. We are in charge of body decisions such as when to sleep, what to eat, and what to wear. We are in charge of economic decisions like how to spend our money, where to buy our clothes, and what groceries to buy. We are also in charge of relationship decisions. We can decide if we will stay with a person, if we want a person for a friend, or even how to be a better friend.

We are also always in charge of our behavior. We may be feeling a feeling we don't like, like anger. With that, we may choose to yell or hit or be violent. Or, we can choose to act differently. We can choose to walk away, or take some deep breaths, or talk calmly to ourselves. We are always in charge of our behavior.

We also have much control (responsibility) for our children especially in terms of their physical needs and safety. But we can give our children more control over their lives, too. They can have more control by you allowing them more choice in their lives.

As you can see, there are many things you control. This week's exercises will help you take a closer look at all those things you are in charge of.

- Make a list of at least 10 things you control. Put this list in a place where you will see it often. When you see your list say, "I control many things in my life."

Appendix I (cont'd)

- Show your children ways that they are in control. For example, say, "You get to pick the bedtime story. You're in control of that."
- Make a list of things you could do instead of reacting in a way you don't like. Catch yourself reacting in this way you dislike and try one of your new behaviors.

REMEMBER TO KEEP AFFIRMING THE POSITIVES FOR YOU AND YOUR CHILD!

APPENDIX J

THINGS WE DON'T CONTROL

Appendix J

Things We Don't Control

Last week, we talked about things we control. This week we look at what we don't control. We may try very hard to control some things (and even some people) but they do not come under our control.

The first thing we don't control is other people. Some people may even act as if we do control them. But remember, they choose to act this way. Other people includes our children, too. We may be able to get our children to do may things but they are still individual persons. Deep inside, they are in charge of themselves, just as you are in charge of you (even if you don't believe that right now!)

We also do not control another's emotional reaction to us. We can't make someone love or even like us no matter how hard we try. If someone loves us, its because they want to not because we made that happen.

We also do not control events outside ourselves. For example, the company we work for may lay off people or a storm may knock out your electricity while you're cooking Christmas dinner. There are even some events within us we don't control. You may take good care of your teeth and still get a toothache.

And so, there are many things we don't control. But remember, you always control your behavior and reaction to events. You are always in charge of those two things.

Here are some activities for you and your children to try:

- Think of a person you wish would behave differently. Then say aloud "I don't control that person. I only control myself."

  Say this many times a day even if you don't believe it. When you feel ready, tell that person "You're in charge of you."

Appendix J (con'td)

- Catch yourself getting upset over a situation. Tell yourself "I don't control this situation but I do control my reaction." Teach your children to say this, too.
- Stop apologizing for your feelings.

APPENDIX K

CHOICES AND DECISIONS

Appendix K

Choices and Decisions

A choice means that we pick between alternatives or different ways to do things. An example of a choice is to pick what clothes to wear or what to eat for lunch. A choice may also mean picking **not** to do something, like refusing to eat a certain food.

A decision means to look at all the options (or choices you have) and pick the one you think is best at the time. Remember, a decision is what is right for the moment and may not be right later on. For example, you may leave your umbrella at home because the sun is shining. Later that afternoon, however, rain falls. You made a right decision in the moment even though later this was not a right decision.

You can help your children make choices and decisions, too. Making choices helps children feel more confident and proud. Making decisions helps your children grow up to be an adult who knows what he or she wants. They can say "no" when others want them to say "yes" to things that will hurt them.

Here are some activities to try this week to improve the ability to make choices and decisions:

- When faced with a minor choice, like what to order in a restaurant, make this choice within 1 minute in a fast food place and 3 minutes in a sit-down restaurant. Stay with your choice.
- Make a list of 10 decisions your child can make every day. These may be things like choosing to wear blue or red pants or what vegetables to eat. Praise your child for each decision.
- Decide to say "no" to someone or something this week. Realize that choosing not to do something is a decision, too.

Appendix K (cont'd)

- When faced with making a major decision, write down at least three possible solutions. Put the list aside until the next morning. When you awake, pick an option you think is best. Stay with your choice.

REMEMBER TO KEEP AFFIRMING THE POSITIVE

APPENDIX L

SETTING A GOAL

Appendix L

Setting a Goal

This week we look at setting a goal. A goal is a statement about something we'd like to do at some time in the future. A goal may be very big, like "I will get a college degree" or "I'll lose 50 pounds." But a goal can be much smaller, too. A goal can be "I'll clean out the closet" or "I'll learn the meaning of one new word today."

Goals are very important because they help us feel motivated to keep moving forward. They give us something to look forward to.

An important thing to remember about goals is to see success. Having some big goals is good but have some small ones, too. Or, break the big goals into smaller parts. This way, you will see the progress you are making and you will feel happy you are moving forward. Reward all your small successes.

Goals are important for children, too. Children need to accomplish things so that they can feel successful. Children need very small goals like "Put your books away," rather than big goals like "Clean you room." When children meet these goals, they feel proud of themselves just like we adults do!

Here are some activities to try this week:

- Write down all the things you'd like to do. Then write how long this activity will take to complete. Divide these activities into short goals (less than 1 week to complete) and long goals. Choose 3 or 4 of these goals you think are most important to you. Be sure that some of these are short-term goals. Write the goal on paper. Next, write the things you have to do to meet this goal. Put a picture of someone doing this goal on your paper. Write a positive sentence about you and your goal on this paper.

Appendix L (cont'd)

Now, take action. Each small step takes you one step closer to meeting your goal!

- Help your child set a goal each day. Keep these very simple. Give help if your child needs help to meet the goal. Give a reward (like a sticker) for meeting the goal. Use lots and lots of praise.
- When you meet a goal this week, no matter how small, reward yourself, too.

APPENDIX M

KNOW YOUR FEELINGS

Appendix M

Know Your Feelings

Inside everyone in the whole wide world lives feelings. Some people may pretend they don't have feelings or that they don't care. But really, everybody has feelings.

Some feelings happen to our physical selves. These are feelings like sleepy, or hungry, or achy.

Some feelings occur in our mental selves. This means our mind feels confused or interested.

Some feelings happen in our emotional selves. These are feelings like anger, happiness, sadness, or love. There are over 100 emotional feelings. These inside feelings are the ones which cause us the most trouble. That's because we try to hide them or pretend we don't have them. We do this because someone taught us our feelings are not good or that we "shouldn't feel that way." This week, though, we are going to become aware of what we are feelings and help our children become aware, too.

Here are some activities to try:

- Three or four times each day, just stop and say "What am I feeling?" If possible, write this feeling in a small notebook along with a sentence or two about what was happening. Before you go to sleep, read your notes. Put a star by the feelings you liked.
- Read a "feeling faces" book to your children. You can buy one of these in a store or make one yourself. Cut out pictures of people feeling different ways like mad, or happy, or sad. Write down the name of the feeling. Make up a sentence about why a person may feel this way. Share this book with your children. Be sure to say "We all have these feelings once in awhile and that's OK" at the end of your story.

Appendix M (cont'd)

- Catch your children feeling a certain way. Tell them how they look such as, "You look happy," or "You look angry." Praise your children when they can name their feelings.
- Catch yourself thinking "I shouldn't feel this way." Change this sentence to "Everyone has feelings and that's OK. My feelings are OK."

REMEMBER: Share the Positive, Especially With Yourself

APPENDIX N

ASSERTING YOUR FEELINGS

Appendix N

Asserting Your Feelings

Last week, we learned about knowing and labeling our feelings. This time, we look at how to assert our feelings and how to help our children do the same. To assert means to tell your feelings without apologizing.

This then is the first rule for asserting your feelings. You do not need to say you're sorry for how you feel. Even if a person says you hurt them by sharing your feelings, you do not need to apologize. Remember, hurt is how they feel : You are not in control of how someone chooses to react.

The second rule of asserting your feelings is to use "I" messages. This means saying "I feel angry," instead of "You make me angry." Remember, you are in charge of your reactions. How you feel is your choice. No one made this feeling inside of you. When you use "I" statements, you stop blaming and accept responsibility for your own feelings.

The third rule for asserting your feelings is to say them without angry or threatening gestures.

A fourth rule is to give other people time to say what they are feeling, too. After we share our feelings, it is time to listen.

Try these activities this week :

- Catch yourself expressing anger without saying you're angry. Stop yourself. Take a deep breath. Then say, "I'm angry." Just stop talking after saying that. See what happens.
- Maybe you can't tell your feelings to some person. Write your feelings in a letter to this person. Re-read your letter and change any words like "You make me feel" to "I feel." You can choose to mail the letter or not.
- Help your children express feelings. Encourage them to say "I feel ..." Reward them with verbal praise when they say this.

Appendix N (cont'd)

- Teach your children to say "Stop, I don't like that," if someone is hurting them in some way. You can help your children do this by reminding them to say it and by modeling it when someone hurts you. (Modeling means you do the action for your children to see.)

APPENDIX O

NURTURING YOURSELF AND OTHERS

Appendix O

Nurturing Yourself and Others

This week we look at the idea of "nurturing" ourselves and others. To "nurture" means to feed. We are not talkinq about feeding our physical bodies. We're talking about feeding our emotional selves. So, when we say to nurture, we mean to do good things to and for ourselves and others. These nurturing activities bring out feelings of closeness and joy and eve love. Feeling close and loved are two very basic human needs. We need these feelings to be happy and satisfied in our lives.

Our first job is to love ourselves. This means we treat ourselves with respect and don't let others treat us badly. This job also involves doing good things for ourselves and putting our needs first once in awhile.

Our second job is to nurture our children. This means that we respect them and don't allow anyone (including ourselves and themselves) to treat them badly. It also means saying nurturing things like "You are so special," and "I value you." It means touching children in nurturing ways like stroking their hair, cuddling and hugging, and rocking them. Children of all ages need this physical expression of love. It helps them to feel safer and more secure.

Here are some activities to nurture yourself and others:

- Every day for 5 to 10 minutes, sit quietly. Close your eyes. Take a deep breath. Gently rub parts of your body saying "I love my arms," "I love my face," etc. End your time with an affirmation such as "I am special."
- Paint your child's face with words instead of paint. Gently stroke your child's face noticing little details like freckles.

  Describe the child's beautiful eyes. Do this several times a week.

  You can also paint hands, arms, feet, etc. Ask others for hugs when you

Appendix O (cont'd)

want one. Teach your children to ask for hugs, too.

- Take time every day to rock with your child in your lap. Sing a quiet song. Do this one child at a time when you can be alone with the child.

APPENDIX P

EMPOWERMENT

Appendix P

Empowerment

Empowerment means feeling in charge of our own lives. It means that we live in a way in which we feel free to say what we want, stand up for our rights, and make choices about our lives.

We are in control. Empowerment means we feel in control of our bodies, minds, and emotions. We treat our bodies in healthy ways. We keep our bodies safe from harm and hurt. We stop others from hurting us.

We listen to what our minds say and we believe positive things about ourselves. We tell others our feelings without screaming, hitting, or threatening. Mostly, empowerment means that we value ourselves for who we are and we take charge of our lives.

We learn to feel good about ourselves. We make decisions that help us to live lives we are proud of. Empowerment means that we believe that our life is ours to control and we feel great about that.

Empowerment means we are free to be.

All the activities of the past weeks were designed to help you increase your sense of empowerment. This week's activity is to simply keep affirming what you have already begun. Cut out the affirmations below and tape them where you can see them often. Read them several times every day.

Keep working - and be proud - You're gaining more and more control of you !

Appendix P (cont'd)

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I say many positives about myself. I nurture myself daily.

I stop non-positive thoughts from making me feel bad.

I am aware of my feelings and tell them when I choose to.

I make good choices and decisions.

I am special, unique, and lovable.

I treat myself with respect.

I am truly in control of me.